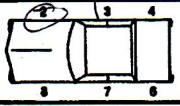
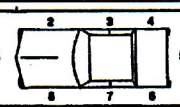


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-1045		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE		LOCAL FILE NO							
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED									
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH 6/22/15		DAY SUN			TIME: MILITARY 1300						
CRASH OCCURRED ON 1425 Columbus Ave.				WITHIN THE INTERSECTION OF Parking Lot													
IF NOT IN INTERSECTION _____ MILES 500 FEET				N E OF Miller Rd		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)					CITY CODE 08303						
LOG-1		LOG-2		LOC JUR FH'9 FILT													
A UNIT NO. 1		NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Progressive									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.			STATE		DRIVER'S LICENSE NO		OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Wallace, Jennifer				ADDRESS 2790 Sherry Rd. (Hillsboro)								PHONE 613-504-5489					
VEH YR 2015		MAKE Jeep		MODEL SW		COLOR Blu		STYLE SW		STATE OH		LICENSE PLATE NO. FSL1957		TOWING SERVICE NA		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8 UNIT NO. 2		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Unknown				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)													
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.		OCCUPATION			
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE					
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION A B C D E F				INJURIES A B C D E F			
		ADDRESS				PHONE		SEX									
D FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		SEX				1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS				PHONE		SEX						CONDITION A B C D E F			
E FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		SEX				1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS				PHONE		SEX									
F FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		SEX							
		ADDRESS				PHONE		SEX									
A B C		INJURED TAKEN TO				By				A B C D E F				ALCOHOL A B C D E F			
D E F		INJURED TAKEN TO				By				A B C D E F				A B C D E F			
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